

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3							53			
4							54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
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11		/					61			
12							62			
13							63			
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37							87			
38		/					88			
39		/					89			
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41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47	/						97			
48	/						98			
49		/					99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			